


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90142 015 ***150.00

DOCUMENT # **P02000107835** ✓

1. Entity Name
3D Mapping Corp.



DO NOT WRITE IN THIS SPACE

90073586

2. Principal Place of Business 850 Courtland Street		3. Mailing Address 850 Courtland Street		4. FEI Number 14-1854080		<input checked="" type="checkbox"/> Applied For
Suite, Apt. #, etc. 1-C		Suite, Apt. #, etc. 1-C		City & State Orlando, Florida		<input type="checkbox"/> Not Applicable
City & State Orlando, Florida		City & State Orlando, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip 32804	Country U.S.A.	Zip 32804	Country U.S.A.			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent					
	Name Michael T. Rudd					
	Street Address (P.O. Box Number is Not Acceptable) 850 Courtland Street, Suite 1-C					
	City Orlando				FL	Zip Code 32804

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael T. Rudd 850 Courtland St., Ste 1-C, Orlando, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____